

State of Hawaii, Dept. of Commerce and Consumer Affairs  
Professional & Vocational Licensing Division  
335 Merchant St. or P.O. Box 3469  
Honolulu HI 96813 Honolulu, HI 96801  
Phone: (808) 586-3000

Name of Private Detective/Guard/Agency (not trade name) \_\_\_\_\_

Physical Business Address (Not P.O. Box) \_\_\_\_\_

License No. of GDA \_\_\_\_\_ or PDA \_\_\_\_\_

**BOARD OF PRIVATE DETECTIVES AND GUARDS  
EMPLOYEE REGISTRATION FORM**

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

Quarter Reporting \_\_\_\_\_ / \_\_\_\_\_  
mo/yr

Name & Social Security Number	Birthdate	Address	Date of Hire	Termination Date
Name ----- SS#		----- ----- -----		
Name ----- SS#		----- ----- -----		
Name ----- SS#		----- ----- -----		
Name ----- SS#		----- ----- -----		
Name ----- SS#		----- ----- -----		
Name ----- SS#		----- ----- -----		
Name ----- SS#		----- ----- -----		
Name ----- SS#		----- ----- -----		
Name ----- SS#		----- ----- -----		

**TOTAL NUMBER OF CURRENT EMPLOYEES** \_\_\_\_\_

**Certification of Employer:**

I hereby certify that the above information is true and correct, and that each of the above employee's educational, criminal, psychiatric, and psychological histories have been verified and are in compliance with the requirements of Chapter 463, HRS and Chapter 16-97, HAR prior to being hired.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Principal (**Please Print**)

\_\_\_\_\_  
Signature of Principal

**Instructions for filing:**

1. Complete **all fields** for each employee. Form will be returned if information is incomplete.
2. Submit completed registration forms within ten (10) calendar days after the end of each calendar quarters.  
(Jan. 10, April 10, July 10, Oct. 10)  
**Notify the Board in writing if you no longer have employees to stop the reporting requirements.**
3. Submit **original** forms. Make a copy for your files prior to submittal.